

## Alabama Medicaid Agency Prior Authorization (PA) Change Request

<b>Supplier Information</b>	
Contact Name:	
NPI:	
Phone Number:	

<b>Recipient Information</b>	
Recipient Name:	
Medicaid ID:	

<b>Prior Authorization Number</b>	
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<b>Reason for Change</b> <i>Please use this section to denote what field(s) on the PA request require a change.          Complete all applicable fields below.          Examples: Add/Change Modifier: Add "RR" to "E1088"          Correct Date(s) of Service: Change requested effective date from 08/01/2010 to 10/01/2010</i>	
Add/Change Modifier:	
Correct Number of Service(s):	
Correct Place of Service:	
Correct Diagnosis Code(s):	
Correct Date(s) of Service:	
Correct NPI:	
Other: (Please Explain)	

<b>Comments</b>
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**NOTE:** The Alabama Medicaid Agency cannot revise a PA for which a claim has already been paid. The paid claim must be voided before the PA can be changed. This form **must be received within 90 days of the date of the approval on the PA decision letter.** The form is to be used for PA requests in evaluation status or for simple changes to an approved PA, such as adding appropriate modifiers. The form is NOT to be used for reconsiderations of denied PAs; for procedure code changes, or for pharmacy PAs. Please fax completed form to the Alabama Medicaid Agency at (334) 353-9352 or (334) 353-4909. Allow at least 5 business days to process request.